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Part 1.

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# TABLES

USED

IN THE COURSE OF LECTURES

ON THE

# THEORY AND PRACTICE OF SURGERY,

DELIVERED AT

# GUY'S HOSPITAL,

DURING THE SESSION 1853 - 1854,

BY

ALFRED POLAND.

PUBLISHED BY REQUEST.

LONDON,
LITHOGRAPHED FOR THE AUTHOR, AND PUBLISHED BY
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1854.

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# Preface.

In accordance with wish expressed, I have collected & arranged the Tables used by me in the elucidation of the several subjects on the Theory and Practice of Surgery entrusted to my charge to deliver, during the Session 1853-1854, at Guy's Hospital.

These are divided into three Fasciculi:—

Fasc: I. The phenomena and treatment of Inflammation and its results.

Fasc: II. Part of the Surgical diseases of the Integuments. Syphilis, Wounds, &c.

Fasc: III. Ligature of Vessels, and Amputation.

It need scarcely be mentioned that these Tables must be considered as mere outlines of the subjects treated on; &, of course, requiring much further explanation & detail, as propounded in the Theatre.

The Tables are compilations from known works of repute, those of Miller, Malgaigne, Paget, Cooper's and Copland's Dictionaries, &c., &c., but chiefly, however, based upon the excellent treatise of the first named author.

Alfred Poland.

5, St Helen's Place,
London, 1st July, 1854.

FASCICULUS I.

# Inflammation and its Results.

## General Principles.

### Healthy Capillary Circulation.

Frog's foot and Bat's wing under the Microscope.

TABLE I.

### Phenomena of Inflammation in the Capillaries

as induced by artificial means. Frog's foot.

Three distinct acts:— 1. Excitement; 2. Congestion; 3. Inflammation.

| | Blood. | Capillaries. | Collateral Circulation. | Exudation. | Textures involved. | Function & Nutrition. |
|---|---|---|---|---|---|---|
| 1. Vascular excitement. | Increased quantity | Spasm, relaxation, unusual activity, enlarge. | Excited. | Tendency to. Liquor sanguinis. | Slight increase in fulness. | Exalted. Increased secretion. |
| 2. Active congestion. | Increase of quantity, Plasticity of Fibrine, Crowded blood-globules. | Paralysis. Sluggish. Over distension. | Increased. | Copious. Liquor sanguinis. | Congested. | Perverted. Increased and changed secretion. |
| 3. True inflammation | Stagnant. altered. | Crowded. obstructed. coats lacerable. | Unusual activity. | Ditto. with extravasated blood. | Changed. Enlarged. Softened. Destroyed. | Wholly perverted. Deposit busy Absorption in abeyance. |

FASCICULUS I.

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TABLE II. FASC. I.

## Healthy Blood.

- Living Blood
  - Liquor Sanguinis
    - Water
    - Various Salts
    - Fatty matter
    - Extractive matter
    - Albumen
    - Fibrine
    - → Serum
    - → Crassamentum
  - Red Corpuscles
  - Colourless Corpuscles
  - Granules
  - → Coagulated Blood.

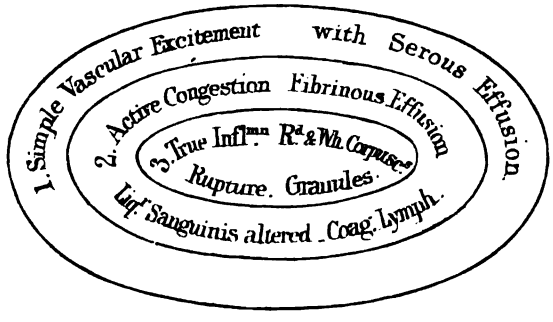
TABLE III.

## Blood under Inflammation.

- Blood
  - Liquor Sanguinis
    - Water — diminished
    - Various Salts — do
    - Fatty matter
    - Extractive matter
    - Albumen — undetermined (some say increased others diminished)
    - → Serous effusion — Inflammatory exudation; Coagulable lymph; Liquor Sanguinis
    - Fibrine — increased — Fibrinous deposit
  - Red Corpuscles — augmented aggregation.
  - Colourless Corpuscles — increased — corpuscular
  - Granules — granular

TABLE IV.

## Diagram of Inflammation.



# Theories of the process of Inflammation adduced from the foregoing facts and applied to the Human subject.

## Phenomena of Inflammation manifested in the Human Body.

TABLE V.

### I. Local Signs.

1. Redness —
   - 1. Increased flow of Blood, accession of red globules; Conjunctivitis.
   - 2. Dilated Capillaries, Injection of infl^d tissues: - Hunter's experiments on Rabbit's ear.
2. Swelling —
   - 1. Cause —
     - 1st stage - Serum effused.
     - 2nd " - Fibrine effused.
     - 3rd " - Blood &c. effused.
   - 2. Degree — according to Locality; Cellular tissue; Fibrous; - Osseous tissues.
   - 3. Effects —
     - 1. Beneficial - external parts, limiting inflamm^n and relieving the distended vessels.
     - 2. Mischievous - internal parts, near important organs; orbit - glottis.
3. Heat —
   - 1. Cause —
     - 1. Increased supply of Blood. (Blood, source of animal heat.)
     - 2. Increase of nervous energy; - rendering part more highly susceptible.
     - 3. Cessation of secretion & excretion; (Respiration carries off animal heat.)
   - 2. Condition —
     - 1. Relative; as in deep seated inflammation.
     - 2. Actual, - in superficial inflammation. J. Hunter's experiments.
4. Pain —
   - 1. Cause —
     - 1. Excited perverted function of nerves.
     - 2. Pressure by distended vessels and effusion.
     - 3. Stretching of the Nervi vasorum.
   - 2. Occurence —
     - 1. More frequently in curable diseases
     - 2. less in incurable.
   - 3. Modified by —
     - 1. Nervous supply of part.
     - 2. Vascularity of part.
     - 3. Tissues affected —
       - 1. Skin and Mucous membrane.
       - 2. Serous and fibrous tissues.
       - 3. Bone.
   - 4. Character —
     - 1. Commences in slight form.
     - 2. Steadily increases.
     - 3. Constant.
     - 4. Aggravated by pressure.

TABLE VI.

### II. Constitutional Symptoms: Inflammatory fever.

| | 1. Invasion. (Reaction.) | 2. Activity. (Crisis.) | 3. Decline. |
|---|---|---|---|
| 1. Surface | Pale, cold, rigor. | Dry, hot. | Moist. |
| 2. Pulse | Frequent, small. | Frequent, full, hard. | Subside. |
| 3. Digestive Organs | Defective | Tongue {1. White, moist. 2. Red, dry. 3. Brown, dry.}; Mouth — parched, thirst; Stomach — nausea, &c.; Bowels — constipated. | Cleans. Abates. Appetite returns. Act. |
| 4. Secretions | | Checked, - diminished. | Increased. |
| 5. Respiration | | Quickened, oppressed. | Tranquil. |
| 6. Nervous System | Languid, weary, discomfort, anxiety. | Pains in limbs, head &c.; Lassitude, prostration; Restless, anxious; Senses exalted; Intellect disturbed; Delirium; Sometimes Coma. | Gradually pass into a normal state. |

TABLE VII. FASC. I.

## Varieties of inflammatory Fever.

1. Active inflammatory (sthenic):
   1. Great acceleration and strength of circulation.
   2. Marked increase of animal heat.
   3. Symptoms detailed in foregoing Table.
2. Typhoid (asthenic):
   1. Prominence of nervous phenomena; great depression & prostration, or delirium & coma.
   2. Frequent weak pulse.
   3. Very slight increased heat of surface.
   4. Symptoms soon pass into pure depression.
3. Hectic:
   1. Periodical remissions and exacerbations.
   2. Profuse sweating and diarrhœa.
   3. Protracted duration and variety in its phenomena.
   4. Exemption from cerebral disturbance.
4. Irritative: An irregular form, possessing characters of all the other three; involves more especially the nervous system.

TABLE VIII.

## Varieties of local and general Inflammation otherwise considered.

Inflammation:
- 1. Simple:
  - 1. Acute:
    - 1. Sthenic: Ophthalmia, Inflammat. of breast, Phlegmon, &c.
    - 2. Asthenic: Ophthalmia, Inflammat. of breast, Phlegmon, &c.
  - 2. Chronic: Slow, mild, obscure, passive changes.
- 2. Specific:
  - 1. Constitutional peculiarity:
    - 1. Natural: Scrofula, Carcinoma, &c.
    - 2. Acquired: Gout, Dram drinking.
  - 2. Direct application of Poison: Syphilis, Glanders, &c.

# Treatment of Inflammation.

## I. Local.

**1. Acute Inflammation**

- 1. Rest: — Examples. Inflamed joints.
- 2. Position: — enable vessels more readily to empty: relax and raise limbs.
- 3. Heat, 70°:
  - 1. Use:
    - 1. Favours exudation & promotes secretion of surface.
    - 2. Relieves tension of
      - 1. Vessels.
      - 2. Tissues.
    - 3. Allays local symptoms: sedative.
  - 2. Beneficial — during inflammatory process.
  - 3. Less suitable
    - 1. during incubation or invasion.
    - 2. during declination.
- 4. Cold:
  - 1. Use:
    - 1. diminishes temperature; carrying off superfluous heat.
    - 2. deadens nervous sensibility; producing torpor. Illust^n.
    - 3. contracts Capillaries, diminishing calibre of vessels.
  - 2. Beneficial
    - 1. during invasion.
    - 2. during declination.
  - 3. Hurtful
    - 1. in acute stage. Exceptions
    - 2. in deep seated inflammation.
    - 3. where extreme irritability.
    - 4. where much exudation.
  - 4. Caution: — Immoderate use may cause Gangrene
- 5. Local Depletion
  - 1. Use:
    - 1. Directly — unloading vessels of part
    - 2. Sedative: — effect on general circulation.
    - 3. Indirectly: the part being the laboratory of influ^g change in blood.
  - 2. Preference over general depletion:
    - 1. where inflam^n trivial & in comparatively unimportant parts.
    - 2. where powers of system low: Asthenic.
    - 3. where inflammatory process fully established.
    - 4. in extreme ages: old or young.
  - 3. Means:
    - 1. Scarification
      - 1. Puncture. Erysipelas.
      - 2. Incision, Phlegmon, Granular lids.
    - 2. Venaesection. Testitis.
    - 3. Leeches, advantage, disadvantage; modes of use.
    - 4. Cupping. uses: mode of performance.
- 6. Nitrate of Silver:
  - 1. Mode: — lightly brushed over.
  - 2. Beneficial,
    - 1. where confined to true skin.
    - 2. as protection from air.
    - 3. circumscribing spreading inflammation.
- 7. Pressure:
  - 1. Mode: — gentle: accurate uniform: early: careful: Testitis &c.
  - 2. Beneficial
    - 1. during incubation
      - 1. Revert determination of blood. 1st stage
      - 2. Revert dilatation & distension of capillaries
    - 2. during declination
      - 1. Most efficient in stimulating absorption
      - 2. Removing deposit.

---

**2. Chronic Inflammation**

- 1. Rubefacients:
  - 1. Action: — determination of blood to part.
  - 2. Agents:
    - 1. Sinapisms.
    - 2. Dry Cupping.
- 2. Vesicants:
  - 1. Action: — counter irritation: evacuation of Serum & Liquor sanguinis.
  - 2. Agents:
    - 1. Intense heat: minor cautery, &c.
    - 2. Ammonia.
    - 3. Cantharides.
- 3. Suppurants:
  - 1. Action: — induce artificial inflammation & suppuration: evacuation
  - 2. Agents:
    - 1. Medicinal — Croton Oil. Nitrate of Silver. Cantharides.
    - 2. Surgical — Seton: Issue: Moxa: Cautery
- 4. Stimulants:
  - 1. Action: — excite action of absorbents.
  - 2. Agents:
    - 1. Friction.
    - 2. Pressure.
    - 3. Medicinal — Iodine: Mercury: Nitrate of Silver &c.

TABLE X. FASC. I.

# Treatment of Inflammation.

## II. Constitutional.

1. Circulating system: Venaesection:
   - 1. Effects.
     1. Sedative to hearts action: Syncope.
     2. Diminishes the volume of blood.
     3. Derivates
     4. Favours action of remedies.
     5. Indication: Hard incompressible pulse.
   - 2. Mode of performance
     1. Arteriotomy
     2. Phlebotomy
   - 3. Points to be attended to
     1. Period of disease.
     2. State of Patient
        1. Sex and age.
        2. Temperament: Torn or Chunky
        3. Occupation: Brewer &c.
     3. Nature of part affected.
     4. Previous state of system.
     5. Repair required afterwards.
2. Digestive system:
   - 1. Purgatives:
     - 1. Drastic
       1. Disburden.
       2. Deplete.
     - 2. Mild Saline
       3. Derivate.
       4. Stop supply.
   - 2. Emetics: evacuants, as in Croup, Erysipelas.
   - 3. Calomel: alterative, stimulant;
     1. Prevents and checks exudation.
     2. Removes deposit. Iritis.
   - 4. Colchicum: causing serous exhalation from bowels.
3. Urinary system: Diuretics: evacuants through kidney. Rheumatism.
4. Cutaneous: Antimony; diaphoretic. Pneumonia.
5. Nervous system: Opium: sedative. Peritonitis, &c.
6. Hygienic: Careful regimen, good air, &c.

TABLE XI

# Terminations of Inflammation.

1. Resolution.
2. Increase of secretion. 1. Effusion:
   - 1. Mucous membrane
     1. Bronchi: ex: Catarrh.
     2. Bowels Muco-enteritis.
   - 2. Serous membrane
     1. Peritoneum Ascites.
     2. Cellular tissue: Oedema.
3. Reparation: (effusion of fibrine)
   - 2. Adhesion (fibrine organizable)
     1. Mischievous: Pleura, Peritoneum, &c.
     2. Beneficial: Union of Wounds.
   - 3. Suppuration (fibrine unorganizable and altered.)
     1. Mischievous: Abscesses.
     2. Beneficial: protective to exposed parts.
4. Destruction:
   - 4. Ulceration: Disintegration.
   - 5. Gangrene: Death.

# Adhesive Inflammation.

- **1. Phenomena.**
  - 1. Condition: — Effusion of plastic fibrine
    - 1. by itself, called Fibrinous deposit.
    - 2. with Serum, called Coagulable lymph.
  - 2. Occurrence: —
    - 1. On surface. — Ex. Serous membrane: false membrane.
    - 2. In interior. — Induration: Tumour.
  - 3. Microscopic characters:
    - 1. Filamentous basis
    - 2. Cells and corpuscles —
      - 1. nucleated.
      - 2. non-nucleated.
    - 3. Granules and molecules.
  - 4. Vital changes:
    - 1. May be re-absorbed.
    - 2. May be organized. —
      - 1. Form fibre tissue.
      - 2. become vascularized
        - 1. self formation.
        - 2. by channelling.
        - 3. by outgrowth.
    - 3. May have compound granule cells.
    - 4. May degenerate, forming pus.
- **2. Parts prone** —
  - 1. Cellular tissue.
  - 2. Serous membrane
  - 3. Vessels.
- **3. Parts little prone**
  - 1. Mucous membrane
    - Eye: conjunctivitis.
    - Mouth: stomatitis.
    - Urethra: urethritis.
    - &c. &c. &c.
  - 2. Synovial membrane. —
  - 3. Thecæ. —

  } Ill effects if prone.
- **4. Uses.** —
  - 1. Cure of Hydrocele by injection.
  - 2. Ligature of vessels.
  - 3. Formation of cysts around foreign bodies.
  - 4. Barrier to suppurative process.
  - &c. &c. &c.

# Suppurative Inflammation.

The formation of Pus, or purulent matter, where the Fibrine of the Liquor sanguinis has assumed molecular and corpuscular form.

**Pus.** — Effused and altered Liquor sanguinis Sp. gr. 1030 to 1040.
- 1. Serum — nearly similar to serum of blood.
- 2. Pus cell, or Corpuscle.
  - 1. spherical: serrated.
  - 2. size – varies 1/2500.
  - 3. nuclei small and many.
  - 4. no further development.

**Varieties.**
- 1. Healthy laudable: protective &c.
- 2. Serous: — Excess of serum: thin, transparent &c.
- 3. Curdy: — Excess of pus cells: concrete: lardaceous.
- 4. Sanious: — Mixed with blood corpuscles: Ichorous.
- 5. Grumous: — Mixed with Coagulum.
- 6. Fœtid — from decomposition of Albumen: offensive.
- 7. Specific: — Syphilis, Small pox.
- 8. Mixed with Serum or Mucus –
  - 1. Sero-purulent.
  - 2. Muco-purulent.
- 9. Mixed with debris of tissues, with which connected.

**Conditions favorable.**
- 1. Heat and moisture: as evidenced by fomentation.
- 2. Access of air, on exposed mucous surfaces & granulation.
- 3. Peculiar state of constitution.

**Parts prone.**
- 1. Mucous membrane: Bronchitis, Gonorrhœa.
- 2. Synovial membrane.
- 3. Thecæ.

**Parts not prone.**
- 1. Serous membranes
- 2. Vessels.
- 3. Bone.

} Ill effects if prone.

**Beneficial.**
- 1. Protective: — Layer on exposed surface.
- 2. Expulsive: — Foreign body or morbid product.

**Mischievous.**
- 1. Size: — Large extent; sub-fascial, pelvic, psoas.
- 2. Number: — Numerous: Glanders, Phlebitis.
- 3. Seat: — Lungs: Liver: Brain: Kidney.
- 4. Pressure on vital parts: Trachea, Œsophagus &c.
- 5. Effusion into cavities: Empyema; Suppurating Globe.
- 6. When in circulation: Pyæmia.

TABLE XIV. FASC. I.

# Forms of Suppuration.

1. On free surface, called Purulent discharge.
2. In Parenchyma, called Abscess
   - 1. Acute: circumscribed: barrier of Fibrine.
   - 2. Diffused: no fibrinous limitation.
   - 3. Chronic: slow: cold.

TABLE XV.

# Acute Abscess.

1. Local Signs:
   - 1. Pain
     - dull; throbbing; aggravated by pressure.
     - varies according to situation: Bone: Theca: Rectum.
   - 2. Heat — burning.
   - 3. Redness — peculiar blush.
   - 4. Swelling
     - 1. Outside — Serum: pitting on pressure.
     - 2. Circumference — Fibrine: hard: wall.
     - 3. Centre — pus
       - 1. Fluctuation: Tact. eruditus.
       - 2. Pointing
         - 1. Vesicle.
         - 2. Ulceration.
         - 3. Discharge.

2. Constitutional Symptoms:
   - Rigors &c.
   - Inflammatory Fever, generally of Typhoid type.
   - In protracted suppuration, &c. Hectic Fever.
   - In circulation — Pyæmia

3. Progress:
   - May be rapid or slow.
   - 1. Towards exterior Integument
     - 1. Continuance of pus formation.
     - 2. Over accumulation.
     - 3. Pressure towards surfaces
       - 1. Integument.
       - 2. Mucous canals.
     - 4. Absorption of intervening parts.
     - 5. Inflammation.
     - 6. Ulceration and discharge
   - 2. Towards interior Mucous canals
   - * Resistance of Serous, vascular, and nerve tissues.

4. Treatment:
   - 1. Arrest inflammatory action;
   - 2. Alleviate local symptoms, } as in common inflammation.
   - 3. Expedite pus to surface
     - 1. Heat and Moisture.
     - 2. Counter-irritation &c.
   - 4. Promote absorption, expediency; variety of opinions thereon.
   - 5. Incision
     - 1. Early
       - 1. Where much suffering
       - 2. Where deep seated
         - 1. saves time:
         - 2. prevents local mischief.
         - 3. prevents constitutional disturbance
     - 2. Delay
       - 1. In glandular Abscesses.
       - 2. Where much inflammation & seat unimportant.
     - 3. Means — Instrument: size & direction of incision.
   - 6. Promote filling up and healing thereof.
     - Fistula: Sinuses: &c.

## Diffused Abscess.

No barrier wall. —— Examples.
Early incision. —— Prevent burrowing by bandages.
Attend to powers.

TABLE XVI.

## Chronic Abscess.

1. Local peculiarities:
   - 1. Progress remarkably slow.
   - 2. Generally unattended with pain. (Cold abscess)
   - 3. Barrier wall: pyo-genic mem.ne
     - 1. Fibrinous effusion around.
     - 2. Vascularization.
     - 3. Organization.
     - 4. Granulation.
   - 4. Enlarges equally in all directions.
2. Causes: ——
   - 1. Strumous, impoverished constitution: tubercular deposits.
   - 2. often from diseased bone: Caries of Vertebræ.
3. Diagnosis: —— Encysted Tumours. Hydatid: &c.
4. Treatment: ——
   - 1. Local: ——
     - 1. When small —— Remote absorption: Iodine, &c.
     - 2. When large ——
       - 1. Incision dangerous: Inflam.n of Cyst.
       - 2. Valvular opening: Abernethy
       - 3. Subcutaneous tapping.
   - 2. Constitutional —— Restore powers: Attend to general health

## Hectic Fever.

Description of symptoms, progress and result.
Treatment &c.

## Pyæmia.

Theories thereon. Mode of admission of pus into circulation.
Symptoms: accurately described by Sedillot.
Progress and result. Prognosis doubtful.
Post-mortem appearances.
Treatment.

TABLE XVII. FASC. I.

# Ulceration.

Old doctrines taught as to its being an act of absorption, - totally wrong.
Sir A. Cooper's illustrations of pressure from Aneurism being Ulceration, false.

## Explanation and exposition of Absorption & Ulceration.

Two distinct and separate acts.

- **Absorption.**
  - 1. Absorption proper.
    - 1. Healthy action in body, reference to physiology.
    - 2. Met with in disease and treatment.
      - 1. Absorption of Mercury by Skin.
      - 2. Absorption of Poisons.
      - 3. Removal of Tumours under pressure or stimulants.
  - 2. Interstitial. — The removal of intervening non exposed parts: no discharge: no inflammation necessary: Ex. Pressure of Aneurism on bone, &c.
  - 3. Progressive. — The extending act itself.
- **Ulceration.**
  - 1. Ulceration proper.
    - 1. True inflammation.
    - 2. Disintegration: molecular ejection
    - 3. Accompanied with softening and suppuration.
    - 4. The detached debris, mixed with pus and removal therewith.
  - 2. Abrasion or excoriation. Detachment of epithelium or epidermis.
  - 3. Ulcerative absorption. Both acts going on at same time: rarely met with: may be seen in the extension of an Ulcer by the absorption of its boundaries.

TABLE XVIII.

# Ulceration.

- **Parts prone.**
  - 1. Skin: — Ulcers on extremities
  - 2. Mucous membrane: — fauces, bowels &c.
  - 3. Areolar tissue.
  - 4. Cartilage. — Diseases of joints.
  - 5. Bone — Caries.
  - 6. Cornea — Ulcers.
  - 7. Newly formed parts. Cicatrices. Scurvy.
- **Parts not prone.**
  - 1. Serous membranes. — burst instead of Ulcerate. Example.
  - 2. Fibrous tissues: — thecal and fascial Abscesses.
  - 3. Vessels. — formation of clot, adhesive
  - 4. Nerves: — seen in spreading Ulcerations untouched.
- **Symptoms.**
  - 1. Local. — The varied forms of Ulcers, which see, Tab. XIX.
  - 2. Constitutional (often absent)
    - 1. Inflammatory Fever. in acute inflammatory Ulceration
    - 2. Hectic, in chronic, large Ulceration.
    - 3. Irritative, in Phagedænic Ulceration.
    - 4. Typhoid, in Sloughing Ulceration.
- **Repair.**
  - 1. Subsidence of action.
  - 2. Effusion of Liquor sanguinis modified.
    - 1. Instead of passing off wholly as pus.
    - 2. Part only degenerates and runs off.
    - 3. Part remains incorporated with tissues.
      - 1. Cell development
      - 2. Vascularization
      - 3. Granulation.
      - 4. Cicatrization.

TABLE XIX. FASC. I.

# The varied forms of Ulcers.

Importance of their study.— General characters to be attended to.— Classification,—for most part imperfect: each separately considered.

| | 1. Surface. | 2. Secretion. | 3. Granulation. | 4. Edges. | 5. Form. | 6. Pain. | 7. Constitution. | TREATMENT. Constitutional. | TREATMENT. Local. |
|---|---|---|---|---|---|---|---|---|---|
| 1. HEALTHY. | Even. | Thick, creamy, inodorous, laudable pus. | Small, florid, vascular, numerous. | Bevelled, cicatrizing. | Round, regular. | Scarcely any | Good. | — | Mild dressing, support. |
| 2. WEAK. | Raised. | Pale, thin serous. | Large, flabby, pale. | Below level. | — | None. | Debility. | Tonics. | Stimulants, astringents, support. |
| 3. INDOLENT. | Excavated. | Thin, serous. | Imperceptible, pale, glossy. | Raised, callous. | — | None. | Sluggish. | Alteratives, Opium, &c. | Do |
| 4. IRRITABLE. | Angry, superficial, unequal. | Thin, acrid, bloody. | Imperceptible, livid. | Ragged, thin, everted. | — | Constant, great. | Irritable. | Do sedatives. | Mild, sedative, Argent. Nitrat. |
| 5. INFLAMED. | Raw, soft, pulpy. | Profuse ill-formed pus. | None. | Swollen, hot, tense, surround.g inflam.d | — | Painful. | Overaction. | Purgatives, antiphlogist.s | Mild, depletion. |
| 6. SLOUGHING. | Tawny, slough, ashy. | Thin, foetid, sanious. | None. Debris, hemorrhage. | Ulcerating. | — | Pain. | Overaction, low vitality. | Attention to health. Sedatives, support. | Expectant. Escharotics. |
| 7. PHAGEDÆNIC. | Uneven depth, brown hue. | Scanty, bloody. | None. | Red, ragged, swollen, gnawed. | Irregular. spreading. | Sharp, burning. | Irritable, peculiar. | | |
| 8. SCROFULOUS. | Boggy, extent of surface. | Serous, dirty grey. | None at first, afterwards tall pale. | Thin, inverted, undermined. | In clusters near joints. | None. | Disposition to tubercular deposit. weak. | Tonics. Iodine. | Stimulants, astringents, escharotics. |
| 9. CACHECTIC. | Do | Thin, serous. | Do | Swollen, dusky. | Plurality. Serpentine. | Considerable. | Broken up, Syphilis, Mercury. | Do | Mild dressing sedative, &c. |
| 10. VARICOSE. | Superficial, involv.d veins. | Dries into crust. | Varied, small yellow. | Irregular, spongy. | Oval, several. | Deep seated, itching. | Varicose veins. | Purgatives. | Bandage, mild stimuli, oblit.n of vein. |
| 11. VICARIOUS. | Large, irritable. | Thin, bloody. | Unhealthy, dark, congested. | Ragged. | Oval. | Often distress.d | Chlorosis, Plethora. | Emmagogues, Purgatives, &c. | Water dressing. |
| 12. CARCINOMATOUS. | Excavated, tawny. | Thin, sanious, foetid. | Futile attempts | Hard, everted, irregular. | — | Burning. | Carcinomatous. | Support, sedatives, Iron, &c. | Excision, escharotics, sedatives. |

# The varied forms of Ulcers.

## Additional remarks.

1. Healthy. — General, uniform, red, fleshy looking surface, slightly raised, except at edges where skin and granulation should be even and anastomose.

Treatment. Position, rest, water dressings. Nitrate of Silver, dry applications, strapping and bandage.

2. Weak. —

Treatment. Stimulating and astringent applications, used weak at first, and changed about. Bandage, gentle, uniform. Exhibition of tonics, and improve health.

3. Indolent. — Looks like pale mucous membrane, set in a dense high ring of cartilage. "Mucous", "Callous", Ulcer.

Treatment. Continued pressure, with strapping and bandage; local stimulants and astringents; rest; position; application of blisters; scarification and removal of callosity. Exhibition of Opium considered.
Should old Ulcers be healed?

4. Irritable. — Highly sensitive; secretion like Strawberry Cream; depraved system; nervous irritability.

* The Juniper Ulcer, or Gin-drinker's, peculiar modification of above.

Treatment. Local. — Rest, position; water dressing; sedative applications; solid nitrate of silver.
Constitutional. — Alteratives; Opium; tonics; avoid stimulants; generous diet.

5. Inflamed. — Advancing ulceration and surrounding inflammation.

Treatment. Moderate antiphlogistics; purgatives; Antimony &c.; rest; relaxation; position; fomentation; water dressing; local depletion; caution.

6. Sloughing. — Local and general debility; ill fed; ill clothed; intemperate. Chiefly observed on genitals. Succession of sloughs. Rapid progress.

7. Phagedænic. — Rapidly spreading and advancing molecular disintegration.
Ex. — Phagedæna of penis. Lupus of Face. &c.

7½. Sloughing Phagedænic. — Combination of both. Ex. Cancrum oris. — Hospital Gangrene.

Treatment of three last forms.

1. Local —
   - 1. Active energetic escharotics —
     - Nitric Acid.
     - Argenti Nitrat.
     - Potassa fusa.
     - Chloride of Zinc.
     - Arsenic.
   - 2. Mild, rest, expectant, sedatives, &c.

2. Constitutional
   - 1. Attention to secretions and excretions.
   - 2. Assuage pain. Opium. Camphor.
   - 3. Avoid over stimulation.

# The varied forms of Ulcers.

## Additional remarks continued.

8. Scrofulous. — Tubercular deposit; inflammation; imperfect suppuration; softening; pitting; fluctuation; attenuation of skin; cuticle thin, blue, translucent; — ulceration; no attempt at reparation; unsound foundation.

Treatment. — Stimulating applications; astringents; strapping and pressure: Escharotics recommended; Potassa fusa boldly used; Cod Liver oil; Iodine &c.

9. Cachectic. — Cellular membranous.

10. Varicose. — Begins as a small vesicle, breaks, crusts over, yellowish granulating sore. Generally with varicose veins. May put on the character of any of the other ulcers.

Treatment.

Local —
1. Rest; simple or mild astringent applications.
2. Well applied strapping and bandage.
3. More active —
   1. Tying veins. Caution.
   2. Division of vein.
   3. Intercepting vein; pass needle under.
   4. Potassa fusa.

11. Vicarious. — A constitutional ulcer, modified by Catamenia.

Forms —
1. Florid, habit of body plethora. Purgatives, Alteratives.
2. Chlorotic, Emenagogues &c.

12. Carcinomatous.

* Follicular Ulcer — resembling, and sometimes mistaken for, Carcinomatous.

TABLE XX. FASC. I.

# Mortification.

## Definition.

**Terms used:**
- 1. The dying process
  - 1. in soft parts — called — Gangrene
  - 2. in Bone — " — Necrosis.
- 2. The actual death — " — Sphacelus
- 3. The dead tissue
  - 1. in soft parts — " — Slough.
  - 2. in Bone — " — Sequestrum.
- 4. The separative process
  - 1. in soft parts — " — Sloughing.
  - 2. in Bone — " — Exfoliation.

**Forms:**
- 1. Acute: humid, moist, fluids retained, generally traumatic.
- 2. Chronic: dry, senile, - fluids parted with, — idiopathic.

TABLE XXI.

# Signs and symptoms of Gangrene.

## I. Local Signs.

**1. General signs:**
- 1. Redness: livid, dark, ceasing circulation, blood changing.
- 2. Swelling: serous effusion, brownish, stinking, no fibrinous exudat.
- 3. Pain: ceases: sensation gradually leaves.
- 4. Heat: temperature decreases with rapidity; part cold.

**2. Special signs:**
- 1. Vesication: appearance, diagnosis from that of scalds & injury.
- 2. Putrescence: softening, rotting, chemical change.
- 3. Crepitation: products of decomposition, liquid, gaseous.

**3. Appearance at seat of dead part:**
- 1. Ashy color: cold, crepitant.
- 2. Dark livid hue: languid inflammation.
- 3. Bright red: active inflammation.

**4. Process of separation:**
- 1. Inflammation
  - abrupt livid line
  - red swollen border
  - } the Line of Demarcation.
- 2. Vesication - which bursts.
- 3. Ulceration. next to the gangrenous part. the Line of Separation.
- 4. Granulation: organization towards living tissue, the Barrier.

**5. Order of separat.n of tissues.**
- 1. Skin, at line of demarcation, retracts, from elasticity, &c.
- 2. Cellular tissue: undermined, extensive.
- 3. Muscles.
- 4. Vessels. formation of plug to some extent.
- 5. Nerves.
- 6. Tendons - left long, hanging out.
- 7. Bone, the last, tardy.

## II. Constitutional Symptoms.

Typhoid form of constitutional irritation.
Travers's graphic description.
Remarks on delirium, hiccup, pain, &c.
Diagnostic constitutional symptoms of Gangrene explained.

TABLE XXII. FASC. I.

# Causes of Mortification.

**1. Local.**

- 1. Increased action. — Inflammation; intense action and want of power to control that action. Ex: Gang. inflammation of fore-arm, &c.
- 2. Decreased action. —
  - Interception of arterial supply: blood prevented arriving at part.
  - 1. Complete: imediate, painless. Ex. Ligature of Arteries.
  - 2. Incomplete: tedious, painful, inflammatory. Ex. Arteritis, &c.
- 3. Passive congestion. — Blood prevented from returning from part. Ex. Tight bandaging; Strangulated Hernia, &c.
- 4. Deprivation of Nervous Agency. Injury to, or compression of nerves. Example.
- 5. Mechanical injury. —
  - 1. Direct: Crushing, disorganization. Ex. Gun shot. Railroad.
  - 2. Indirect: Lowering vitality & exciting inflam^n. Ex. Blisters in Children
- 6. Pressure. — Ex: Bed sores. Slough on heal in treatment of fractures.
- 7. Heat & Chemicals. —
  - 1. Direct: completely burnt & charred.
  - 2. Indirect: Inflammation and low vitality.
- 8. Cold. —
  - 1. Direct: Froze to death. Remarks.
  - 2. Indirect: Excess of inflammatory reaction in part vitally depressed. Remarks. — Quotation from Larrey.
- 9. Animal and other poisons. — Bites of Serpents, — Extravasation of Urine, &c.

**2. Constitutional.**

- 1. General debility. — Hæmorrhage; starvation; age; &c. &c.
- 2. Improper food. —
  - 1. Ergot: Description.
  - 2. Food devoid of nitrogen.
- 3. Atmosphere. — Hospital Gangrene; — see special description, Tab. XIV.
- 4. Arterial degeneration. Senile Gangrene; see special description, Tab. XIV.

TABLE XXIII.

# Treatment of Mortification.

**1. Local.**

- 1. During activity. —
  - 1. Sthenic inflammatory. Local depletion.
  - 2. Asthenic. Maintain temperature. Stimulating applicat^ns
- 2. During arrest. —
  - 1. Stimulants, &c.
  - 2. Incision
- 3. Removal of cause. — Causes separately alluded & explained Tab. XIII.

**2. Constitutional.**

- 1. Allay inflammatory action. Caution. Depletion. Antiphlogistics.
- 2. Assuage Pain. Calminatives, sedatives.
- 3. Maintain power —
  - 1. During Invasion —
  - 2. — " — Progress —
  - 3. — " — Arrest —
  - 4. — " — Cure —

  Support: tonics, stimuli.

# Question of Amputation in Mortification.

Variety of opinions. — Quotations from highest authorities.

1. Idiopathic: Cause internal or constitutional — Rule: Wait for line of demarcation
2. Traumatic: Cause external: local. — Question
   - 1. Immediate amputation.
   - 2. Wait for line.

These severally discussed.

TABLE XXIV. FASC. I.

# Senile Gangrene.

1. Causes.
   1. Old in structure rather than years.
   2. Degeneration of arteries.
   3. Feeble heart; defective blood.
2. Forms.
   1. Inflammatory.
   2. Non-inflammatory.

Description of appearance, progress and termination thereof.
Potts's account. — Dupuytren's remarks.
General review of subject. — Treatment.

TABLE XXV.

# Hospital Gangrene.

John Bell, Hennen, Begbie and others on the subject.

1. Causes.
   1. Contagion: — direct contact.
   2. Infection: — by medium of vapour or effluvia.
   3. Sporadic: — over crowding; noxious atmosphere.
2. Symptoms.
   1. Local.
      1. On an unbroken surface.
         1. Pustule; — small, dark; — bursts; — pain.
         2. Rapid deep sloughing; scooped out; edges jagged.
         3. Repeated processes of separating slough.
         4. Profuse discharge, & spreading fearfully.
         5. Involve glands; open; suppurating.
      2. Attacking wound. —
         1. Inflammn; with severe pain & arrest of discharge.
         2. Rapid change of granulation to dirty white.
         3. Surrounding skin swollen, purple.
         4. Edges hardened; everted; — discharge fœtid.
      Hennen's description of the termination.
   2. Constitutional.
      Formidable: constitutional irritation.
      Typhoid fever: tendency to collapse.
      Hennen's description.
3. Treatment.
   1. Local. — Destroy surface; actual cautery; escharotics; Nitric Acid, &c.
   2. Constitutional.
      1. Calminatives and anodynes.
      2. Stimuli.
      3. Tonics.
      4. Fresh air; Hygienic & dietetic means.

FASCICULUS II.

# Surgical diseases of the Integuments, Syphilis, Wounds, &c.

TABLE XXVI.

## Surgical diseases of Integument.

1. *Skin*: — *The varied forms of* Eruption.
2. *Cellular-tissue*: — 1. Phlegmon. 2. Furuncle or Boil. 3. Carbuncle.
3. *Skin & Cellular-tissue* — Diffused Phlegmonous Inflammation, *improperly called Phlegmonous Erysipelas.*

# Eruptions.

## Those more immediately interesting to the Surgeon are detailed.

- **1. Papulæ:**
  - 1. Lichen:
    1. Papulæ minute, red.
    2. Occur in clusters.
    3. Terminate in scurf.
  - 2. Prurigo:
    1. Papulæ large.
    2. Isolated, attended with severe itching.
    3. Seated on extensor surfaces of body.
  - 3. Strophulus.
    1. Papulæ in early infancy.
    2. In clusters, surrounded by reddish halo.
    3. Seated on face, neck, arms & loins.
- **2. Squamæ:**
  - 1. Lepra:
    1. Smooth laminated scales.
    2. Surrounded by reddish prominent circle.
    3. Assume a circular or annular form.
  - 2. Psoriasis:
    1. Whitish laminated scales.
    2. Raised slightly above a reddened surface of skin.
    3. Irregular, diffused, continuous.
    4. Skin often chappy.
  - 3. Pityriasis:
    1. Very minute scales like those of bran; - thin, scurfy.
    2. Not raised; seated on a reddened surface.
    3. In irregular patches.
- **3. Exanthemata:**
  - 1. Rubeola.
  - 2. Scarlatina.
  - 3. Urticaria
    1. Prominent, red patches, wheals, itching.
    2. Form irregular, centre often paler than rest.
  - 4. Roseola
    1. Circumscribed, rose-colored patches.
    2. Form, circular, serrated or annular.
  - 5. Purpura.
  - 6. Erythema,
  - 7. Erysipelas,
    - Separately described in Tables XXVIII & XXIX.
- **4. Bullæ:**
  - 1. Pemphigus:
    1. Large vesicles or blebs, transparent.
    2. Surrounded by an erythematous circle.
    3. Fluid drying into a laminated crust.
  - 2. Pompholyx:
    1. Large vesicles or blebs, appearing in successive crops. - Chronic.
    2. No surrounding inflammation.
    3. Break and heal without scale or crust.
- **5. Pustulæ:**
  - 1. Impetigo:
    1. Small pustules, yellow, itching.
    2. Occur in groups.
    3. Form an elevated crust, - yellow, thin, scaly.
  - 2. Porrigo: - similar characters to the foregoing.
  - 3. Ecthyma:
    1. Large pustules, terminating in thick, hard, scabs, & leave a cicatrix.
    2. Isolated, distinct.
    3. Seated on hard base, depressed or umbilicated in centre.
  - 4. Variola.
  - 5 Scabies
    1. Minute vesicles or pustules, terminating in scabs, with intense itching.
    2. Isolated and of an accuminated form.
    3. Seated between fingers and in the flexures of the joints.

# Eruptions continued.

**6. Vesiculæ:**
- 1. Varicella.
- 2. Vaccinia.
- 3. Herpes:
  - 1. Vesicles in clusters, varying in size from millet seed to a pea.
  - 2. Skin, bright red areola.
  - 3. Yields a fluid, drying into a thin incrustation or scab.
- 4. Rupia:
  - 1. Large, flat, distinct vesicles.
  - 2. Base slightly inflamed.
  - 3. Fluid drying into thick, prominent crusts, assuming a conical form.
  - 4. Leave ulcerations of various depths.
- 5. Miliaria.
- 6. Eczema:
  - 1. Vesicles in patches, very minute, presenting shining appearance.
  - 2. Skin of bright red colour.
  - 3. Yields a fluid, drying into a laminated furfuraceous crust.
- 7. Aphthæ

**7. Tubercula:**
- 1. Phyma.
- 2. Molluscum.
- 3. Vitilligo.
- 4. Acne:
  - 1. Tubercular Tumours, slowly suppurating.
  - 2. Isolated, situated on a hard base.
  - 3. Occur on face and shoulders.
- 5. Sycosis:
  - 1. Inflamed, darkish red, fleshy tubercles.
  - 2. Gregarious and seated on bearded portion of face & scalp.
  - 3. Discharge partial, viscid & sanious.
- 6. Lupus: Tubercles ending in spreading & difficultly checked ulcerations.
- 7. Elephantiasis.
- 8. Frambœsia.
- 9. Icthyosis.

**8. Maculæ:**
- 1. Ephulis
- 2. Nævus, Spilus &c.

**9. Dermal excrescences:**
- 1. Verruca.
- 2. Clavus.
- 3. Callus

TABLE XXVIII.

# Erythema.

## Placed among the Exanthemata by Willan.

**1. Characters:**
- 1. A mere rash or efflorescence, a redness, unattended by swelling, vesication or regular fever.
- 2. Erratic nature, lasting six or eight days.

**2. Varieties:**
- Six species, three only of which of special interest to Surgeon.
- 1. Erythema lævè: Mild dissecting wounds, bright red flush, heat, pain and tingling, very erratic.
  - Treatment:
    - 1. Local, Solution Nitrate of Silver, Lead Lotion.
    - 2. Constitut. Purgatives, Change of air, &c.
- 2. Erythema nodosum: Characters.
  - Treatment: Acids, Bark, Iron, Laxatives, &c.
- 3. Erythema intertrigo: Characters and Treatment.

# Erysipelas.

- 1. An imperfect exanthema:
  - 1. Runs a tolerably regular, definite course.
  - 2. Is attended by an eruption.
  - 3. Often prevails epidemically.
  - 4. Is capable of being communicated.
- 2. Stages:
  - 1. Premonitory (Incubation):
    - 1. Febrile disturbance.
    - 2. Sore throat.
  - 2. Eruptive:
    - 1. Redness, dusky, rosy, shining; defined margin.
    - 2. Heat, burning.
    - 3. Pain, smarting, tingling.
    - 4. Swelling, serous effusion — } Often absent.
    - 5. Vesication, on surface — }
    - * Attended generally with asthenic fever.
  - 3. Decline: — Desquamation, subsidence.
- 3. Termination:
  - 1. Recovery
  - 2. Fatal —
    - 1. Cerebral effusion; — Coma.
    - 2. Laryngeal do — Apnœa.
    - 3. Gradual asthenia.
- 4. Treatment:
  - 1. Local:
    - 1. Fomentation.
    - 2. Protection from air; Flour.
    - 3. Puncture.
    - 4. Caustic.
    - * Caution — cold application
  - 2. Constitutional:
    - 1. Purgatives.
    - 2. Stimulants and support; when.
    - 3. Tonics: Quinine, &c
    - 4. Hygienic & dietetic means; fresh air; careful watching, &c.

Varieties briefly alluded to.

# Phlegmon.

Character: symptoms, progress, termination and treatment.

# Furunculus or Boil.

Numerous, gregarious, circumscribed inflammations of skin and cellular tissue; ending in death or slough. — Characters, progress, termination, treatment.

# Carbuncle.

Circumscribed acute inflammation of cellular tissue ending in death.
Characters; progress, prognosis; Constitutional symptoms.
Treatment: —
- 1. Local — Incision, Caution.
- 2. Constitutional: Stimulants, tonics, Opiates, dietetics.

# Diffused Phlegmon.

Asthenic destructive inflammation of skin and cellular tissue.
Local and Constitutional symptoms described. Progress; result; &c.
Treatment: Short and long incisions considered.
Cases illustrative: Surgical authorities &c.

# Syphilis.

1. Is there such a disease? — Arguments for and against; see Wallace, Ricord, &c
2. Its first appearance
   - 1. Existence in ancient times: see Bacot.
   - 2. Its first appearance in Europe, in 1494, 5
     - 1. At Siege of Naples.
     - 2. Brought from West Indies
3. Its nature: — It is a specific animal poison capable of acting locally & constitutionally and of being propagated by contact or inoculation.
4. Are there more poisons than one? — Carmichael maintains plurality: erroneous: Evidences entirely in favor of only one poison.
5. Identity of Syphilis & Gonorrhœa: — see arguments of J. Hunter; Ricord, Article in Cooper's Surgical Dictionary. — They are totally distinct affections.
6. Its effects:
   - 1. Local, or Primary:
     - 1. Chancre or Ulcer: — TABLE XXXI. Varieties & Treatt. TABLES XXXII to XXXVIII.
     - 2. Bubo: — " XXXIX.
   - 2. Constitutional, or Secondary:
     - 1. Affections of the Skin. — TABLE XLI.
     - 2. " " Mucous membrane. — " XLII.
     - 3. " " Fibrous tissues, &c.

TABLE XXXI.

## I. Local or Primary Syphilis.

## 1. Chancre or Ulcer.

1. Stages.
   - 1. Stage of incubation; — 3 to 10 days.
   - 2. Vesicle, may be inflammatory, pustular: — attended with heat, redness & itching.
   - 3. Scab, may be absent; — generally present when sore on exterior.
   - 4. Ulcer or Chancre:
     - 1. Situation, on the varied structures of the Genitals. Unnatural situat.ns adverted to.
     - 2. Form & size, usually circular or oval; &c.
     - 3. Edges raised, undermined, indurated, &c.
     - 4. Surface excavated, raised, level, &c.
     - 5. Secretion:
       - 1. Vesicular stage, — lymph: where pustular, pus.
       - 2. Ulcerative stage, reddish brown; tenacious, glary, semitransparent.
       - 3. Granulating stage, light brown; adhesive; like Chamois leather.
       - 4. When healthy & mild poison, secretion more yellow and more like pus, and less tenacious.
   - 5. Granulation or reparation: may be rapid or tardy.
   - 6. Cicatrization.
2. Causes of varieties.
   - 1. Intensity or dose of the Poison
     - 1. May be dilute; hence mild in every respect.
     - 2. May be active & energetic, hence disastrous results if unchecked.
   - 2. Condition of Constitution
     - 1. Healthy; — more capable of withstanding and eliminating poison.
     - 2. Weak.
     - 3. Irritable; — late hours, spirits, study; — bad subjects for Syphilis.
     - 4. Strumous; — long hold of poison: difficult to eradicate.
     - 5. Cachectic; severe sloughing; Rupia, &c.
   - 3. Structure whereon situated
     - 1. Body & outer Prepuce. — External labia — cuticular: resist action of mild poison.
     - 2. Preputial fold: fringing sores, producing Phymosis.
     - 3. Inner Prepuce: — Labia minora: — Epithelial. Aphthæ &c.
     - 4. Corona & frenum: — Fourchette: — deep excavated sore; collects.
     - 5. Glans & meatus: — Clitoris and meatus.
     - 6. Urethra: — Vagina & os uteri.
3. Classification of varieties.
   - 1. Non-indurated
     - I. SIMPLE APHTHOUS.
     - II. SUPERFICIAL RAISED.
     - III. IRRITABLE.
     - IV. PHAGEDÆNIC.
     - V. SLOUGHING.
   - 2. Indurated
     - VI. TRUE EXCAVATED CHANCRE.
     - VII. HARDENED TUMOUR.

TABLE XXXII

FASC. II.

# Varieties of Chancre.

## I. Simple Aphthous Sore.

Is like a patchy excoriation:— generally produced by mild diluted poison.

1. Situation. — on parts most susceptible. Epithelium.
2. Characters, (negative) —
   1. No induration: Remarks.
   2. No elevation of edges: no deep excavation.
   3. No Phagedæna.
   4. No pain.
3. Diagnosis from —
   1. Abrasion or excoriation; the effects of Balanitis.
   2. Minute Aphthæ.
   3. Herpes preputialis.
   4. Psoriasis: fissures or cracks.
   * No character to be relied upon. Inoculation the only test; its propriety discussed.
4. Treatment: —
   1. In vesicular stage:— Open; escharotics; caustic; Nitric acid, Bitafoa fusa.
   2. " ulcerative " Astringent solutions; Water dressings; Nitrate of Silver.
   3. " granulating " Stimulating applications if required; Black wash, &c.

Remarks on the constitutional effects likely to result: Carmichael, Ricord and others on the subject.

TABLE XXXIII.

## II. Superficial Raised Sore.

1. Situation: — generally on exterior and fringe of prepuce.
2. Characters: —
   1. No induration.
   2. Edges elevated & surface raised; well defined.
   3. No Phagedæna.
   4. Often painful.
3. Treatment. — same as in Aphthous variety. Where chronic, alteratives required.
4. Remarks. — Generally observed in advanced stage, when in size of a large sore; with a thick brown crust. It commences as a vesicle, then scabs, succession of scabs: on taking off crust, surface covered with dirty colored, unhealthy, gummy, gluey, shaggy fibrine. Generally runs a chronic course:- Reparative stage late. Parts around may be infiltrated with fibrine, giving rise to hardening & thus simulating an indurated chancre. Generally followed by secondary symptoms, and often by suppurating Bubo. Hennen. Carmichael and others referred to.

TABLE XXXIV.

## III. Irritable Sore.

1. Situation: — Frænum, corona, meatus, - fourchette.
2. Causes. —
   1. Local: — its situation
   2. Constitutional: —
      1. Natural irritability.
      2. Acquired " by habits: night air, debauch, spirits.
      3. Use of Mercury.
3. Characters: —
   1. The Aphthous sore set astray.
   2. Edges thin, serrated.
   3. Discharge thin acrid; aplastic fibrine.
   4. Pain constant, excessive.
   5. Constitutional irritation, restless, loss of sleep & appetite.
4. Treatment: —
   1. Local: —
      1. Mild applications; water dressings.
      2. Weak sedative solutions.
      3. Weak astringents.
      4. Coating of nitrate of silver, &c.
   2. Constitutional: —
      1. Rest and attention to secretions.
      2. Opiates &c.
      3. Tonics.
      4. Avoid stimulants and fatigue.
      5. Withdraw and abstain from Mercury.

TABLE XXXV. FASC. II.

## IIII. Phagedænic Sore.

1. Situation: — on Glans, Corona, inner Prepuce, — Labia.
2. Causes: —
   - 1. Local: — Excess of action over local power of resistance.
   - 2. Constitutional
     - 1. Great Debility: —
       - 1. Natural.
       - 2. Acquired: — impure air, hard labour, late hours, &c.
     - 2. Excessive irritability: — spirits, debauch, intemperance, &c.
3. Characters:
   - 1. Local: —
     1. Is a modified, mismanaged Aphthous sore.
     2. Acute, spreading, molecular disintegration; often with hæmorrhage.
     3. No defined edge; — irregular, ragged.
     4. Surface uneven, gnawed; — brownish hue, with sanious discharge.
     5. No attempt at repair.
     6. Pain sharp and burning.
   - 2. Constitutional
     1. Febrile disturbance.
     2. Great constitutional irritation.
4. Treatment:
   - 1. Local: —
     1. Mild, lenient: — Water dressings, Solutions of Opium, Morphia, &c.
     2. Stimulating: — ℞. Benzoin: ℥ — Balsam Peru: — Ol. Terebi: — &c.
     3. Active: escharotics, Nitric Acid, — Potassa Fusa, Arg: Nitrat: &c.
     * Remarks: — preference to the latter.
   - 2. Constitutional
     1. Quietude; rest; attention to secretions.
     2. Opiates.
     3. Cautious use of stimulants and tonics
     4. Avoid Mercury.

Remarks on after consequences. — Rose, Guthrie, Carmichael, Ricord, &c.

TABLE XXXVI.

## V. Sloughing or Gangrenous Sore.

1. Cause, — same as in Phagedænic: more intense action & greater debility: often essentially inflammatory.
2. Characters:
   - 1. Local: —
     1. Immediate formation of slough, or death — 1. Humid: — most common. 2. Dry, black: rare: — Swan Alley.
     2. Rapid extension.
     3. Repetition of sloughing processes; slough after slough, each larger and deeper.
     4. Surface ashy hue, soft, tawny; angry.
     5. Discharge profuse, fœtid, mixed with debris.
   - 2. Constitutional
     1. Highly irritative, fever: &c.
     2. Disordered digestive system.
3. Treatment, the same as in the Phagedænic.
   Question respecting the advisability of local depletion in some forms.

* Sloughing Phagedænic Sore, — a combination of the two preceding varieties.

TABLE XXXVII.

## VI. The Indurated Sore.

The true Syphilitic Sore: attended with effusion of plastic fibrine.

1. Situation. — Glans, outer prepuce &c.
2. Characters:
   - 1. Local: —
     1. Circular, excavated, — as if punched out.
     2. Edges raised & hard.
     3. Base indurated.
     4. Surface covered with tawny, dusky fibrine, like Chamois leather; cannot be wiped off. Indolent; copious plastic exudation.
   - 2. Constitutional: healthy, good.
3. Treatment:
   - 1. Local: —
     1. Destroy sore, escharotics.
     2. Astringent solutions.
     3. Stimulating, when indolent: &c.
   - 2. Constitutional: Question of propriety of Mercury — specially attended to in TABLE XXXVIII

Remarks on liability of constitutional affection: Hennen, Carmichael, Ricord & others.

## VII. The Hardened Tumour.

Induration without abrasion of cuticle. Query: a minute sore healed? — Remarks. — Treatment.

# Varieties of Chancre.

## General survey of Treatment.

- **1. Local.**
  - 1. Excision. — Hunter, Wallace, Colles; now discarded.
  - 2. Cauterization, Escharotics, — Ricord guarantees immunity if thoroughly performed within 4 days. Analogy with Youatts remarks on poisoned wounds. Opinions thereon. Different varieties of escharotics. How often to be repeated.
  - 3. Mild topical application. Water dressing, &c.
  - 4. Lotions. —
    - 1. Astringent. —
      - 1. Mineral. best; used weak. — Lead, Alum, Zinc, Copper, Nitrate of Silver, &c.
      - 2. Vegetable. Tannin, &c.
    - 2. Sedative. — Opium, Morphia, Poppies, &c.
    - 3. Stimulating. — Tinctures or spirits well diluted; Black & Yellow wash.
    - &c. &c. &c.
  - 5. Ointments, — for most part deprecated.
- **2. Constitutional.**
  - 1. Syphilization. Subject considered, Theories & experiments alluded to. — Total condemnation.
  - 2. Prophylactic. Doctrine of Broussais; lately brought into notice by Zittmann.
  - 3. Mercury. —
    - 1. Arguments for
      - 1. Modus operandi — Specific & destructive influence on virus.
      - 2. Its expediency —
        - 1. Quicker cure.
        - 2. Const. symptoms less frequent & milder.
      - 3. When beneficial. —
        - 1. In all indurated Chancres.
        - 2. In chronic, tardy healing sore.
        - 3. In granulating stage of all sores.
      - 4. When hurtful. —
        - 1. In non-indurated sores.
        - 2. In rapidly spreading sores.
        - 3. In the ulcerative stage.
        - 4. In peculiar conditions of constitution.
      - 5. How administered —
        - 1. Internally.
        - 2. Inunction.
      - 6. How long continued. Until hardness subsides.
      - * Opinions in support of its use.
    - 2. Arguments against
      - 1. Modus operandi — Merely like other remedies, as an alterative.
      - 2. Non-expediency
        - 1. Capability of spontaneous cure.
        - 2. Mercury does not prevent secondary.
        - 3. Secondary not more severe where Mercury has not been used.
      - 3. Opinions expressed. — Analogy to other animal poisons.
    - * General summary — & remarks.
  - 4. General principles.

# Local Syphilis continued.

## 2. Bubo.

Remarks on the anatomy of the absorbents of the genitals and inguinal regions, in the male and female. Form a chain of barriers to the circulation of the poison. Modes of absorption of the virus.

Can we distinguish a syphilitic from a non-syphilitic Bubo?

Can a true syphilitic Bubo occur without a primary sore?

### Treatment.

1. Early stage.
   1. Rest, compression; antiphlogistics; aperients.
   2. Abortive treatment; deep cauterization.
   3. Mercurial treatment; internally & locally.
   4. Iodine and other remedies: Nitrate of silver locally, &c.
   * Each severally discussed; varied opinions thereon.
2. Inflammatory.
   1. Local depletion. Leeches in relays: Heat & moisture afterwards.
   2. Blisters & applications, to raw surface, of powerful absorbents.
   3. Mercury, Iodine &c. as in early stage.
3. Suppurating.
   1. Promote absorption; – possibility of such: remedies useful.
   2. Evacuation of pus.
      1. Allow it to burst of itself. – Deprecated.
      2. Opening by means of small or large punctures.
      3. — " — " — " — — vertical or oblique incisions.
4. Open, ulcerated.
   1. Healthy, healing; – water dressings.
   2. Inflamed: repose; low diet; anodynes, &c. &c.
   3. Sloughing: Escharotics &c.
   4. Chronic, indolent, callous: Caustic; removal of edges, &c.
   5. Fistulous: compression; laying sinus open; Astringent injections &c.
5. Granulating & cicatrizing.
6. Chronic indolent bubo. Counter-irritation. Iodine; Mercury. &c.

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Remarks as to whether Constitutional Syphilis is milder & less frequent after suppurating buboes.

TABLE XL. FASC. II.

## II. Constitutional or Secondary Syphilis.

*Contamination of blood & system by poison, and elimination thereof by the Skin, Mucous membranes &c., &c., in shape of Eruptions, Ulcers, &c.*

1. *Its appearance.* – Four to five or six weeks: – may be longer.
2. *Causes predisposing.* – { 1. Natural constitution of patient: Strumous, irritable, &c. 2. Particular condition of health at time of inoculation: weak, cachectic, &c.
3. *Has Mercury any influence in destroying poison & preventing Secondaries?* Already considered in the treatment of Primary (TABLE XXXVIII). Opinions & remarks reiterated.
4. *Can a person affected with secondary syphilis communicate it to another?*
5. *The general plan of treatment of constitutional syphilis to be conducted on the common principles of surgery, aided by the varied special remedies for eliminating the poison.*
   1. The preparations of Iodine their action & use considered.
   2. – " ——— . ——— . Mercury . . — . — . ——— . —
   3. – . ——— . ——— . Iron — . — . — . ——— . —
   4. Antiphlogistics, Sudorifics, Tonics, Acids.
   5. Sarsaparilla, Guiacum, &c.
   6. Vapour baths, Fumigations, &c.

TABLE XLI.

## 1. Syphilitic Eruptions. – Skin.

*Generally ushered in by synocha, and mild febrile disturbance. All attended with more or less red copper-colour, passing into dull brown.*

1. Papulæ: ——— Lichen: — small pimples containing neither lymph nor pus, surrounded by small inflamed areola of coppery colour.
2. Squamæ: — { 1. Lepra: — regular defined eruption. — 2. Psoriasis: — irregular, diffused, continuous } Obstinate, chronic, tendency to excoriate. Bear Mercury, Arsenic, Iodine, &c.
3. Exanthema: — Irregular patches of coppery or bronze colour, attended with febrile disturbance.
4. Bullæ: ——— Exceedingly rare.
5. Pustulæ: ——— Ecthyma: — slowly developed pustules, with a hard raised base of deep brown or copper colour.
6. Vesiculæ: ——— { 1. Eczema: — vesicles on an inflamed copper-coloured base; indolent; rare. 2. Rupia: — common; limpet shell crusts on copper coloured base, ending in ulceration, attended with cachexia, and aggravated by Mercury.
7. Tubercula: — Deep seated, solid, circumscribed elevations; isolated; – of shining, livid brown colour, & with coppery areola: often terminate in excavated ulceration.
8. Maculæ: ——— Coppery stains of skin, without any attendant symptoms.
9. Dermal excrescences: — { Mucous tubercles about anus and genitals. Their diagnosis from warts, for which they are often mistaken. Common in females. Appear about 3rd month. Cured by Nitrate of Silver, Black or yellow wash, &c. & exhibition of Iodine.

*General remarks on Treatment, Medicinal & Hygienic.*

## 2. Affections of the appendages to the Skin.

1. Hair: ——— Alopœcia, and scalp Eruption.
2. Nails: ——— Fissures, cracks, onychia, &c.

# 3. Affections of the Mucous Membrane.— Ulceration.

**1. Fauces & Tonsils.**
- 1. Situation. Tonsils, pillars of fauces, velum; uvula; pharynx.
- 2. Character
  - 1. Shape: — circular, serpentine &c.
  - 2. Surface: — superficial, deep, excavated.
  - 3. Condition: —
    - 1. Inflamed.
    - 2. Phagedænic.
    - 3. Sloughing.
    - 4. Indolent.
  - 4. Generally attended with enlarged nuchal glands.
- 3. Diagnosis. from common sore-throat.
- 4. Treatment. The old question of Mercury discussed. Recommendation of Iodide of Potassium internally, & caustic locally.

**2. Mouth, lips & nose.** Characters similar to above.— Generally superficial and of aphthous variety. Those of the nose, may become intractable from use of mercury, producing ozæna & ulceration of septum. Local applications.

**3. Tongue.**
- 1. Situation. — sides, near molar teeth; on dorsum; tip & base.
- 2. Varieties:
  - 1. Superficial abrasion: — Boriasis; serpentine; circular.
  - 2. Cleft or fissure; — with or without induration. Chronic.
  - 3. Small aphthous: — peculiar white speck; afterwards ulceration.
  - 4. Superficial raised sore: — not unlike the mucous tubercle.
  - 5. True specific ulcer. —
    - 1. Circular or horse-shoe shaped.
    - 2. Deep excavated surface.
    - 3. Raised hardened edges.
    - 4. Yellow tenacious secretion.
    - 5. Condition. —
      - 1. Inflamed.
      - 2. Phagedænic.
      - 3. Sloughing.
      - 4. Indolent.
    - 6. Diagnosis from Cancer, for which it is sometimes mistaken.
- 3. Treatment local and constitutional.

**4. Anus.** — Fissures, cracks, ulcerations, Excessively painful. Diagnosis from primary in this situation. Treatment.—

## 4. Affections of the Fibrous & Muscular Tissues.

1. Fasciæ & tendinous expansion of muscles. Sub-acute chronic inflammation.
2. Joints. Pain and chronic inflammation, simulating rheumatism.
3. Iris. Iritis, rapid development of acute fibrinous effusion in shape of small tubercles. Treatment.

## 5. Affections of the Cellular Membrane.—Ulcers.

Their peculiar characters; circular, serpentine or horse-shoe shape: Referred to under the head of Ulcers as Cachectic. May be indolent or become Phagedænic.

1. Face, nose, lips.
   - 1. Characters
     - 1. Commences as tubercle, which ulcerates.
     - 2. Succession of scabbing, & extension of Ulcer underneath.
     - 3. Tendency to spread.
   - 2. Diagnosis — from Lupus, — Cancer, & primary sore on lip.
   - 3. Treatment. Escharotics; Iodine; No Mercury.
2. Body & extremities — see Ulcers generally, TABLE XIX.

## 6. Affections of the Larynx.

Ulceration of Cartilage. Symptoms, Diagnosis and Treatment. May require Tracheotomy. Value of counter-irritation.

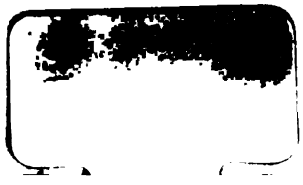
## 7. Affections of Periosteum and Bones.

1. Periosteum. Nodes. Symptoms, Diagnosis and Treatment.
2. Bone. Ossitis: Caries. referred to in Lectures on Bones.

Question as to how far these affections are the result of Syphilis, or the Mercury administered.

## 8. Affections of Internal Organs.

1. Testicle 2. Lungs 3. Brain.

## 9. Infantile Syphilis.

Mode of infection.
Symptoms, Diagnosis, and Treatment.